



2004 TOUR OF CONNECTICUT
Waterbury City Circuit Race
Saturday, May 22nd 11 AM to 3 PM

VOLUNTEER APPLICATION FORM

* Volunteers must be 18 or older

Thank you for your interest in becoming a part of the **2004 Tour of Connecticut**. Please complete and return the application to:

Michael Regan
G.S. Regan Associates
Volunteer Coordinator
352 Stillson Road
Waterbury, CT 06705
Tel 203-757-6099
Fax 203-756-9925
Email: michael@gsregan.com

NAME _____ DATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL _____ CELL PHONE _____

WHAT POSITION(S) INTEREST YOU?

VOLUNTEER POSITION DESCRIPTION

_____ Course Marshal

_____ Banner Set-up/Tear Down

_____ Course Set-up/Tear Down

_____ Start/Finish Line Crew

Volunteer Training will take place on Wed., May 14th at 6:00 PM in Waterbury @ GS Regan 352 Stillson Rd.

Please be sure to fill out and sign the Volunteer Release Form on the back

USA CYCLING, INC.

VOLUNTEER PROGRAM

In response to requests from promoters, USA Cycling has implemented use of the attached Volunteer Liability Release. The intent of this form is to be sure the volunteer(s) understand they are *not* covered by accident insurance or workman's compensation insurance. If they are injured, they are responsible for their own medical expenses.

Volunteers are covered by the USA Cycling event liability policy. In the event they were enjoined in a lawsuit, they would be defended, (and settlement would be paid on their behalf), by the liability insurance carrier assuming allegations do not result from intentional or deliberate acts or as a result of their professional occupation.

VOLUNTEER'S ACKNOWLEDGEMENT, WAIVER

Event Name: _____

Type of Volunteer Activity: _____

Event Date(s): _____

In consideration of the event organizer allowing me the opportunity to participate in the above name program, or event:

- I attest and verify that I am eighteen (18) years of age or older, physically fit and sufficiently trained to participate in all activities associated with the program or events noted above. My participation in activities and events organized or sponsored by USA Cycling Inc. and its member associations, including the USCF, NORBA, USPro and the NCCA, is voluntary.
- I assume all risks associated with my participation in activities and events organized or sponsored by USA Cycling Inc. and its member associations, including injuries or illness to person and damage or loss to property.
- For any injury, illness, property damage or loss suffered or sustained by me which is in any way associated with my participation in, travel to and from, or other activity associated with the above noted program or event, I do hereby, for myself, my heirs, my administrators and executors, forever WAIVE, RELEASE AND DISCHARGE and agree to indemnify for any and all rights and claims, for any expenses, damages or other losses which I may have or which may hereinafter accrue, against USA Cycling, its member associations, member clubs, sponsors and organizations or their respective representatives, officers, directors, employees, agents, successors and assigns. I agree to abide by the participant rules and policies adopted from time to time by USA Cycling and its member associations.
- In the event that I am unable to do so on my own because of an injury, I consent to administration of first aid and other medical treatment in the event of injury and agree to pay the costs of any such treatment.

I hereby state that I have read and understand the above stated information.

Volunteer's Name (Printed)

Volunteer's Signature

Date Signed

USA CYCLING ■ 1 OLYMPIC PLAZA ■ COLORADO SPRINGS CO 80909 ■ PHONE 719/866-4581

FAX 719/866-4628 ■ E-mail: membership@usacycling.org

USA CYCLING, INC.